instruments and a better 3-D view of surgical sites let the robotic surgeries are well performed by the surgeons used to perform open surgery. Surgical outcome may improve with case numbers.

NDP070:
MANAGEMENT OF URETERAL OBSTRUCTION WITH DAVINCI LAPAROSCOPIC SURGERY

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Purpose: It is difficult to use the two-dimentional imaging conventional laparoscopic surgery for dissection, suturing, and knot-tying.With the advent of three-dimentional imaging and wide range freedom of movement of the instruments, the robotic laparoscopic surgery may overcome these obstacles and improved the laparoscopic technique. In past two years, we used daVinci laparoscopic surgery for ureteral obstruction due to various underlying disease.
Materials and Methods: In recent two years, we operated on a total of 4 cases of ureteral obstruction. The underlying causes of ureteral obstruction including one complete duplication of ureter, one recurrent UPJO, one duplex renal pelvis with obstruction, one endometriosis with recurrent lower third ureteral obstruction. There are three female and one male patient, age ranged 23 to 30. The daVinci robotic laparoscopic surgery was used to ureterolysis, segmental resection and reanastomosis of the ureter. The methods we used are dismembered pyeloplasty and transureteroureterostomy.
Results: We followed up these case from 4 months to 19 months. The ureteral anastomosis healed well. All of the obstructions were alleviated.
Conclusion: The daVinci laparoscopic surgery is a useful method to treat ureteral obstruction. No matter it was caused by congenital disease, recurrent disease or inflammatory disease. The meticulous approach to upper or lower ureter is easy and less traumatic. The anastomosis healed well.

NDP071:
IMPROVED EARLY CONTINENCE BY RETZIUS-SPARING METHOD FOR ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY: PRELIMINARY EXPERIENCE OF CHANGHUA CHRISTIAN HOSPITAL

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Purpose: To report the technique, as well as functional and oncologic results of our preliminary experience of Retzius-sparing method for robot-assisted laparoscopic prostatectomy (RALP).
Materials and Methods: Between Febuary 2014 and March 2015, 10 RALPs with Retzius-sparing were performed at our institute. Demographic, perioperative, and postoperative data were recorded. Continence status was assessed immediately after urethral catheter removal, at the first and third month after RALP. Preprostatic structures, including endopelvic fasica and dorsal venous complex, as well as bladder neck were all preserved. The whole procedure of dissection and vesicourethral anastomosis was accomplished by totally posterior approach. Complications were classified according to the Clavien-Dindo classification.
Results: Median follow-up was 8.3 ± 2.1 months; median age was 67.1 ± 6.5 years. Retzius-sparing method was performed in 7 patients, and 5 of them were continent immediately after catheter removal; mean duration of the catheterization was 7.4 ± 1.4 days. Furthermore, there were no complications related to the bladder neck such as bladder neck stricture, acute/chronic urinary retention, as well as no Clavien III, IV, and V complications.
Conclusion: Our preliminary experience of using Retzius-sparing method for RALP provided very early continence at the time of catheter removal and within short-term follow-up. This can help early recovery of urinary incontinence and better quality of life after RALP.

Andrology

NDP072:
ANTERIORLY POSITIONED MIDLINE PROSTATIC CYST CAUSED SECONDARY INFERTILITY

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Purpose: The incidence of congenital mildline prostatic cysts is getting higher and higher from 1% in 1937 to 7.6% in 2003 at asymptomatic man. Most of the symptoms are lower urinary tract symptoms and c secondary infertility. However, Case report of anteriorly positioned midline prostatic cyst of the bladder neck is less than five, it caused lower urinary tract symptoms due to it's physiological position and functioning like a check valve.
Case presentation: We present a case of adult in marriage and child-bearing age with azoospermia found at Premarital medical examination. Anteriorly positioned midline prostatic cyst with ejaculatory duct obstruction was confirmed by 3.0T MRI of prostate. After transurethral incision and pucture procedure of the cyst, most parameters in seminal analysis showed great improvement.
Conclusion: A midline prostatic cyst can be mullerian duct cyst or a utricular cyst, though they have different embryological origins, but clinically we don't distinguish one another due to they locate at the same position, and have the same symptoms and primary treatment. So midline prostatic cysts were defined as hypoechoic to anechoic cystic lesions located in the midline of the prostate. This is the first report of anteriorly positioned midline prostatic cyst can cause ejaculatory duct obstruction and secondary infertility

Female Urology & Urodynamics

NDP073:
CASE REPORT—CONSTIPATION CAUSE HYDRONEPHROSIS

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Purpose: Hydronephrosis, literally mean water inside the kidney. In image finding, we could found fluid accumulation in renal pelvis and calyces and cause dilatation. Hydronephrosis was cause by obstruction of urinary tract. Structural abnormalities of the junctions between the kidney, ureter, and bladder that lead to hydronephrosis can occur during fetal development. Untreated, it would lead to atrophy of kidney and cause renal failure. Hydronephrosis could be cause by many reasons such as stones, tumors, ureter stricture, ureter kinking, V-U reflex, tumor outer compression, etc.. But it was rarely cause by constipation. This time, we would present a case with hydronephrosis which was cause by constipation
Materials and Methods: A 77-year-old housewife with history of hypertension under medication control for several years and ICH s/p op with aphasia/ right hemiplegia came to our hospital due to general malaise.Cre found 3.12 and GFR found only 14. Abdominal CT revealed bilateral hydroureter and hydronephrosis. Large amount of stool impaction in colon was also found. Hydroureter and hydronephrosis was still persisted even with Foley catheter indwelling. Under the diagnosis of 1.newly diagnosed DM with hyperosmolar hyperglycemic state 2.UTI 3. AKI 4.bilateral hydroureter and hydronephrosis, she was admitted for further survey and care. After admission, Urologist was consulted for Hydronephrosis survey and renal sono was arranged after 1 week and hydronephrosis was still persisted. We had suggested for constipation management. After 1 week constipation management, we arrange renal echo for follow up and found hydronephrosis had improved. Renal function was back to normal range (Cre: 0.36/GRF 174) Under the condition was stable, she could be discharge and OPD follow up.
Results: Hydronephrosis was usually cause by calculi. Sometimes it was cause by tumor obstruction such as UCC. Other causes by Ureteropelvic junction obstruction, Vesicoureteral reflux were also reported. But hydronephrosis cause by severe constipation was rarely reported. Our purpose was to bring up the awareness of this problem with clearly image and raise the opinion that severe constipation may cause hydronephrosis and acute renal failure.
Conclusion: Constipation was usually happened in elderly patient. Patient with hydronephrosis should be keep in mild that constipation may be the